Dear Parent or Guardian,

**Congratulations!** Your student has been selected to participate in Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center). The Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) is designed to improve academic performance in STEM related subjects and increase student enrollment of STEM undergraduate majors in college. The purpose of this program is to develop and implement a comprehensive curriculum that combines mentoring, didactic learning, and skill application in STEM related subject areas.

Ultimately, the goal is to create a pipeline for middle and high school students (attending Cardoza Middle, Siwell Leadership Academy, Forest Hill and Wingfield High Schools) who are interested in science, technology, engineering, and math while increasing their chances of pursuing majors that will lead to careers related to STEM.

The program is scheduled to begin on **Monday, October 21, 2019** and end **Thursday, April 23, 2020**. The middle school program will operate at Siwell Leadership Academy from 4:00 p.m. – 6:30 p.m. Monday through Thursday. The high school after-school program will operate at Wingfield High School from 4:30 p.m. – 6:00 p.m. Monday through Thursday. Tutoring is mandatory for all students.

Transportation will be provided for the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) participants. All students will be transported home by bus unless a request is issued to pick your student up from their designated after-school site.

We would like to take this opportunity to personally thank you for allowing us the privilege and the opportunity to work with you and your student during the 2019-2020 academic school year. It is our hope that your family will benefit from the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center). If there are any questions, please contact us, Ms. Therese Bridges via telephone (601-977-7910) or via email (tbridges@tougaloo.edu) and/or Dr. Thea Williams-Black via telephone (601-977-7744) or via email (twblack@tougaloo.edu).

Sincerely,

Thea Williams-Black, Ph.D.
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute
Dear Parent or Guardian:

Your student, ________________________________, has been approved to participate in the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) beginning **Monday, October 21, 2019**. In order for your student to be fully accepted into the program, the Tougaloo College Y.O.U. C.A.N! Institute staff will need the **following forms to be completed**:  

1. Parental Consent Form ____  
2. Student/Parent Rules and Regulations ____  
3. Medical Disclosure ____  
4. Photo Usage Consent Form ____  
5. Authorized Pick Up/ Dismissal Form ____  
6. Parent Consent Survey Form ____  
7. Release of School Records ____  
8. Notice of Transportation ____  
9. All forms have been returned ____  

If there are any questions please contact us, Ms. Therese Bridges at (601) 977-7910 or email tbrides@tougaloo.edu and/or Dr. Thea Williams- Black at 601-977-7744 or email twblack@tougaloo.edu.

Thank you for your assistance and we are excited about having your student in this year’s program.

Sincerely,

Thea Williams- Black, Ph.D  
Dean and Professor  
Division of Education, Supervision, and Instruction  
Director, Y.O.U.C.A.N! Institute
PARENTAL CONSENT FORM

I, ________________________________ give my student ________________________________

Parent/Guardian (Please Print) Student (Please Print)

permission to participate in the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center).

Monday- Mentoring/ College Prep/Tutoring
Tuesday- Thursday (STEM instruction)

In case of an emergency, I can be contacted at the following numbers:

Home: ______________________ Work/or Alternate Number: ______________________

Email Address: ________________________________

I understand that this activity is a part of the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center). I agree that no staff person or volunteer will be held responsible for any injuries or damages occurring during such activities. In the event a claim is made, I agree to limit such claim to my child’s or ward’s ratable share of any insurance proceeds, if any, available on any policy held by the person against whom such claim is made. I understand that if these terms are not acceptable that I may personally transport and supervise my child or ward during program activities.

______________________________  ______________________
Parent/Guardian Signature Date

______________________________  ______________________
Address Zip Code

Thea Williams-Black, Ph.D
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute
I, ____________________________________________ agree to participate in the
(Student’s Name)

Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center), and will comply with the rules and regulations specified below.

(PLEASE CHECK)

_______  1. Attend the Program.

_______  2. Participate in the STEM enrichment sessions.

_______  3. Comply with ALL Program Rules and Regulations.

_______  4. Parent will attend two Parent/Teacher Conferences.

If at any time I do not comply with the above, I understand that I may forfeit my right to participate in any of the program’s fun activities and/or recreational field trips or consequently be released from the program. As a Parent/Guardian, I further understand that if my student is suspended from being transported by the school bus for any reason, I will then be responsible for providing transportation.

___________________________________  __________________
Student’s Signature                     Date

___________________________________  __________________
Parent/Guardian’s Signature             Date

LET’S HAVE A GREAT YEAR!
Medical Disclosure and Emergency Treatment Consent Form

Student’s Name: ___________________________ Age: ______ Birth Date: __________ Race: ______

Address: __________________________________ Telephone: ____________________________

City: _____________________ State: ______________ Zip Code: ______________________

Name of Parent or Guardian: ______________________________________________________

Primary Language: __________ Second Language: __________ Free/Reduced Lunch: __________

Emergency Contact

Name: __________________________________ Relationship: __________________________

Daytime Phone Number: __________________ Evening Phone Number: __________________

Work Phone Number: ___________________ Cell Phone Number: ______________________

Address if different from child: ___________________________________________________

Family Doctor: _________________________ Phone Number: __________________________

Insurance Information

Company: __________________________________ Phone Number: _________________________

Insurance #: ___________________________ Phone Number: __________________________

Please indicate any special medical information and/or instructions for your child or any known allergies:
______________________________________________________________________________

______________________________________________________________________________

In the event you child is injured or becomes ill during the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) we will make every effort to contact you immediately. If we are unable to contact you or your designee, do we have your permission to seek appropriate emergency treatment?

YES ________ NO ________

I understand that unless otherwise limited by state or federal regulation, I may withdraw this consent at any time by submitting my withdrawal request in writing. The withdrawal of this authorization does not affect any health information disclosed prior to Tougaloo College Y.O.U. C.A.N! Institute receiving a written notice of withdrawal.

I hereby acknowledge that I have read (or had someone read to me) the above statements, and that I fully understand the above statements, and do expressly and voluntarily authorize the disclosure of this medical information to the individual or agency named above.

Parent/Guardian Print Name: ______________________________________________________

Parent/Guardian Signature ____________________________ Date ________________________
PHOTO USAGE PARENTAL CONSENT FORM

I, ________________________________________ give the Y.O.U C.A.N! Institute
Parent/Guardian (Please Print)

permission to use photos taken of my student, ______________________________ during
Student’s Name (Please Print)

program activities for publication purposes. I understand that such publications will include:
quarterly and annual reports, newsletters, articles, presentations, brochures, and Y.O.U. C.A.N!
Institute/Tougaloo College websites.

__________________________________________  __________________
Parent/Guardian Signature                Date

__________________________________________  __________________
Thea Williams-Black, Ph.D                Date
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute
Authorized Pick Up/Dismissal Form

I ___________________________ parent/guardian of __________________________________________

Parent’s Name ___________________________ Student’s Name ___________________________

authorize the following people listed below to pick up and/or drop my student off at the Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) located at the student’s designated after-school site (Siwell Academy of Leadership or Wingfield High School). I do understand that if any adjustments (adding or removing someone) need to be made to this document I must submit written documentation to the Y.O.U C.A.N! Institute Administrators.

Other Authorized Person(s)

__________________________________________________________________________________________

Name ___________________________ Relationship ___________________________

Name ___________________________ Relationship ___________________________

Name ___________________________ Relationship ___________________________

Date ___________________________

Print Parent’s Name ________________________________________________________________

Parent’s Signature ___________________________________________ Date _______________
Parent Consent Survey Form

**Principle Investigator:** Dr. Daphne Chamberlain

**Title of Study:** Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center)

**Purpose:** The purpose of Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center) is to create a pipeline science, technology, engineering, math and science program targeting high school students attending Cardoza and Siwell Middle Schools and Wingfield and Forest Hill High Schools.

**Description:** The study consists of the STEM Career Inventory and the Bazargen Career Development Screen. Also some focus groups and key informant interviews will be constructed to gather information about the effectiveness of the program and challenges to implementation.

**Voluntary:** Taking part in this survey is optional. If your child feels uncomfortable about answering any question, he/she may skip the question. He/She also has the right to withdraw at any time.

**Risks:** The risks are minute, which does not include embarrassment, upset, or feeling demeaned.

**Benefits:** There are no personal benefits. Benefits are for subject and society.

If you have questions about your rights as a participant in human research, please contact Mr. Kerry Thomas, Grants Management Specialist Tougaloo College, 601-977-4463. If any additional information is desired, relating to question on this survey please contact:

Tougaloo College Y.O.U. C.A.N! Institute
Attn: Dr. Thea Williams- Black
500 West County Line Road
Tougaloo, MS 39174
(601) 977-7744 -----office

___________________________  __________________
Parent/Guardian Signature   Date
RELEASE OF SCHOOL RECORDS AUTHORIZATION
2019 -2020 Academic Year

☐ Student New to School
☐ Student Returning to Current School

I, ____________________________________ Parent/Guardian of ________________________________________
(Parent’s Name)                                                                 (Child’s Name)
who attends __________________________________ authorize the release of academic records,
(School Name)
including the following:

1. Grade Reports
2. Testing Evaluations
3. Disciplinary Reports

I further authorize school personnel to provide periodic behavioral observations.

____________________  ____________________
Parent/Guardian Signature                                                                                Date

Thea Williams-Black, Ph.D
Dean and Professor
Division of Education, Supervision, and Instruction
Director, Y.O.U.C.A.N! Institute

____________________  ____________________
Date
NOTICE OF TRANSPORTATION

Dear Parent or Guardian,

If your child goes home the same way each day, WE CANNOT change this form of transportation unless we receive written notification from you.

**PLEASE CHECK ONE BOX**

☐ YES, My student, ____________________________, will ride the bus every day.

(Student’s Name)

Address (Please Print): ______________________________________________

City: _______________ Zip Code: ______________________

Contact Number: __________________________

☐ NO, I will pick my student, ____________________________, up everyday

(Student’s Name)

unless you receive written notification from me.

Parent/Guardian’s Signature __________________________ Date _____________